## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 (8) 005145 DOCUMENT # 1. Corporation Name SANFORD HERALD Mailing Address Principal Place of Business WAYNE D. DOYLE WAYNE D. DOYLE 300 NORTH FRENCH AVE 300 NORTH FRENCH AVE 3a. Date of Last Report 3. Date incorporated or Qualified SANFORD FL 32771 SANFORD FL 32771 05/01/1995 05/08/1911 Applied For 4. FEL Number 2a. Mailing Address 59-0434830 Not Applicable 2. Principal Place of Business 26 \$8.75 Additional 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required Suite. Apt. #, etc. 27 \$5.00 May Be 6. Election Campaign Financing City & State $\Box$ Added to Fees City & State Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, 28 Country $Z_{1}p$ Yes No Country Florida Statutes Zip 30 10. Name and Address of New Registered Agent 29 25 9. Name and Address of Current Registered Agent Name 81 Street Address (P.O. Box Number is Not Acceptable) 82 HARRIS, GEORGE 300 N. FRENCH AVE 83 SANFORD FL 32771 Zip Code 85 A4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Flagglaned Agent's gnature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIGNATURE Signature, typed or printed non-rilot registered agent and life if application 13. OFFICERS AND DIRECTORS Change DELETE 1 1 11718 ۷Ď 1.2 NAME HARRIS, GEORGE 1.3 STHEFT ADDRESS 300 N. FRENCH AVE. 1.4 OITY - \$1 - ZIP Addition SANFORD FL 32771 Change DELETE 2 1 11HE ₽ 2.2 NAME

CR2E034 (12/95) 12 THLE STREET ADDRESS CITY-S1-7IP TITLE HASKELL, ROBERT H III 2.3 STREET ADDRESS 204 BROAD ST STHEET ADDRESS 2.4 CHY- \$1-ZIP Addition MARTINSVILLE, VA 00000 Change CITY - ST - ZIP DELETE 3.1 bittle TillE 3.2 NAME WINN, ANN B. NAME 3.3 STREET ADDRESS 204 BROAD ST. STREET ADDRESS 3.4 CHY - \$1 - ZIP ☐ Add tion MARTINSVILLE VA CITY - S1 - ZIF DELETE 4 1 Tr1 F TIGUE 4.2 NAME HASKELL, ELIZABETH H. NAME 4.3 STREET ADDRESS 204 BROAD ST. STHEE! ADDRESS 4.4 CITY - ST ZIP MARTINSVILLE, VA 00000 Change ☐ Addition 011Y-ST-71H [] DELETE 6.1 To 51 F TILLE 6.5 NAME HASKELL, ANTOINEETE M NAME 53 STREET ADDRESS 204 BROAD ST STREET ADDRESS 5.4 City - ST. ZIP Addition MARTINSVILLE, VA 00000 Change CHY-ST-716 6 1 TITLE DEFFIE 1011 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

14.0 If St. (IF 1.1) It do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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MING OFFICER OR DIRECTOR